



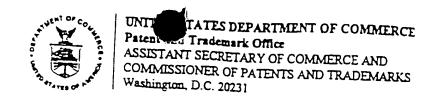
## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09 04/236

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                     |   |                  |                     | SMALL ENTITY TYPE      |            | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---------------------|---|------------------|---------------------|------------------------|------------|----------------------------|------------------------|
| FOR  |  | NUMBE                                     | R FILED             | NUMBER                                      | EXTRA            | RATE                | FEE                    |            | RATE                       | FEE                    |
| BASI   | C FEE  |   | <u></u>             |   |                  |                     | 395.00                 | OR         |                            | 790.00                 |
| TOTA   | L CLAIMS   |   | minus               | 20 = *                                      |                  | x\$11=              |                        | OR         | x\$22=                     | /                      |
| INDEPENDENT CLAIMS aminus 3 = *  |  |   |                     |   |                  | x41=                |                        | OR         | x82=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                     |   |                  |                     |                        | OR         | +270=                      |                        |
| * If th  | e difference in co                                   | lumn 1 is less than z                     | ero, enter "0" ir   | TOTAL                                       |                  | OR                  | TOTAL                  | 790        |                            |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                     |   |                  | SMALI               | OR                     | OTHER THAN |                            |                        |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total  | * 13                                      | Minus               | ** 20                                       | =                | x\$11=              |                        | OR         | x\$22=                     |                        |
|  | Independent  | * /                                       | Minus               | *** 3                                       | =                | x41=                |                        | OR         | x82=                       | ~                      |
| A  | FIRST PRES   | +135=                                     |                     | OR  | +270=            |                     |                        |            |                            |                        |
|  |  | (Column 3)                                | TOTAL<br>ADDIT. FEE |   | OR ,             | TOTAL<br>ADDIT. FEE |                        |            |                            |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| 2  | Total  | *   | Minus               | **  | =                | x\$11=              |                        | OR         | x\$22=                     |                        |
|  | Independent  | *   | Minus               | ***   | =                | x41=                |                        | OR         | x82=                       |                        |
| A  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                     |   |                  |                     |                        | OR         | +270=                      |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                     |   |                  |                     | TOTAL<br>ADDIT. FEE    |            | OR ADDIT. FEE              |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | " ж                 | HIGHEST                                     | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus               | **  | =                | x\$11=              |                        | OR         | x\$22=                     |                        |
|  | Independent  | *   | Minus               | ***   | =                | x41=                |                        | OR         | x82=                       |                        |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= |   |                     |   |                  |                     |                        |            | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                     |   |                  |                     |                        |            |                            |                        |



## NOTICE OF FILING/CLAIM FEE(S) DUE

| TO ENSURE P             | ROPER CR<br>E CALCUL | EDIT OF FI        | EES. PI         | FAS            | SE RETUR<br>YOUR RES | NÍA CODEL    | OF THIS |
|-------------------------|----------------------|-------------------|-----------------|----------------|----------------------|--------------|---------|
| APPLICATION             |                      | 09                | 041 2           | 230            | /<br>P               | 2 01 102.    |         |
|                         |                      | Total Fee         |                 |                | · — · — · — ·        |              |         |
|                         | Fee Code             | Total<br># Claims | Number<br>Extra | <u> </u>       | <u>Fee</u>           | Fee =        | Total   |
|                         | Sm./Lg.              |                   |                 |                | Sm. Entity           | Lg. Entity   | 1000    |
| Basic Filing F€         | 201/101              |                   |                 |                | •                    | <u> 790</u>  |         |
| Total Claims >20        | 203/103              | -20 =             | :               | x              |                      | 770          |         |
| Independent Claims >3   | 202/102              | 3 =               | <del></del>     | x              |                      |              |         |
| Mult. Dep Claim Present | 204/104              |                   |                 | ••             |                      | 130          |         |
| Surcharge               | 205/105              |                   |                 |                |                      | <u> 75</u> 0 |         |
| English Translation     | 139                  |                   |                 |                |                      | .——          |         |
| TOTAL FEE CALCULA       | ATION                |                   |                 |                |                      |              | 920     |
| Fees due upon filing th | ne application:      |                   |                 |                |                      |              |         |
| Total Filing Fees Due   | = \$                 | 720               |                 |                |                      |              |         |
| Less Filing Fees Submi  | itted - \$           |                   |                 | <del>_</del> _ |                      |              |         |
| BALANCE DUE             | = \$                 | 971               | 1               |                |                      |              |         |

Office of Initial Patent Examination